PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE  0			OR	OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS	_					RATE	FEE	1	RATE	FEE		
FC	R	NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	-740.00		
TC	TAL CHARGEA	// minus 20=		• -			X\$ 9=		OR	X\$18=			
INC	EPENDENT CI	2_ minus 3 =					X40=		OR	X80=			
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT .					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	Slev	
S-20-04 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 23	Minus	. 2	لو	p p		X\$ 9=		OR	X\$18=		
	Independent	· 2	Minus	** £	<u> </u>	=		X40=		OR	X80=		
<u> </u>	FIRST PHESE	NIATION OF M	JUIPLE DEP	ENDEN	CLAIM		֡֡֡֡֞֜֜֡֡֡֡֡֜֜֜֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	+135=		OR	+270=		
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								NUUI. FEE I			AUDIT. TEL		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		- [		X40=		OR	X80≖		
	TIMO! PHESE	NTATION OF MU	JUITE DEP	CUUENI	CLAIM		ا ا	+135=		OR	+270=		
							L	TOTAL ADDIT, FEE		OR	TOTAL AODIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	. A	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	AUDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total		Minus	••		=		X\$ 9=		OR	X\$18=	=	
ME	Independent		Minus	***		=		X40±			X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┧┟			OR		-		
	f the substitute and	4		0	9 <b>17</b> in a-	hima 3		+135=		OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE													

FORM PTO-875 (Rev. 8/00)

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